

POS-010

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). <b>TERRENCE J. COLEMAN, ESQ. SBN-172183</b> <b>PILLSBURY &amp; LEVINSON, LLP</b> <b>600 MONTGOMERY STREET, 31ST FLOOR</b> <b>SAN FRANCISCO, CA 94111</b> TELEPHONE NO.: 415-433-8000 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>PLAINTIFF</b>		CASE NUMBER: <b>CGC07-469133</b> Ret. No. or File No.: <b>09283</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS: 400 MCALLISTER STREET MAILING ADDRESS: CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME:		
PLAINTIFF/PETITIONER: <b>VALERIE ZGONC</b> DEFENDANT/RESPONDENT: <b>THE LIFE INSURANCE COMPANY OF NORTH A</b>		
<b>PROOF OF SERVICE OF SUMMONS</b>		

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
  2. I served copies of:
    - a. ☒ Summons
    - b. ☒ Complaint
    - c. ☒ Alternative Dispute Resolution (ADR) package
    - d. ☒ Civil Case Cover Sheet (served in complex cases only)
    - e. ☐ Cross-Complaint
    - f. ☒ Other (specify documents): **FIRST AMENDED COMPLAINT; NOTICE TO PLAINTIFF**
  3. a. Party served (specify name of party as shown on documents served):  
**THE VENTYX INC. LONG TERM DISABILITY PLAN**
  - b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):  
**AT CORPORATION BY SERVING MARGARET WILSON - PROCESS SPECIALIST**
  4. Address where the party was served:  
**818 WEST 7TH STREET LOS ANGELES, CA 90017**
  5. I served the party (check proper box)
    - a. ☒ by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): **11-27-07** (2) at (time): **12:27PM**
    - b. ☐ by substituted service. On (date): \_\_\_\_\_ at (time): \_\_\_\_\_ I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3): \_\_\_\_\_
- (1) ☐ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
  - (2) ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
  - (3) ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
  - (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): \_\_\_\_\_ from (city): \_\_\_\_\_ or ☐ a declaration of mailing is attached.
  - (5) ☐ I attach a declaration of diligence stating actions taken first to attempt personal service.

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5. c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgement of Receipt.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:
- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (specify):
- c. ☐ as occupant.
- d. ☒ On behalf of (specify): THE VENTYX INC. LONG TERM DISABILITY PLAN  
under the following Code of Civil Procedure section:
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 416.10 (corporation)          | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation)             | <input type="checkbox"/> 416.60 (minor)                               |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee)                 |
| <input type="checkbox"/> 416.40 (association or partnership)      | <input type="checkbox"/> 416.90 (authorized person)                   |
| <input type="checkbox"/> 416.50 (public entity)                   | <input type="checkbox"/> 415.46 (occupant)                            |
|   | <input type="checkbox"/> other:                                       |

7. Person who served papers

- a. Name: JORGE RIVERA
- b. Address: P.O. BOX 861057, LOS ANGELES, CALIFORNIA 90086-1057
- c. Telephone number: (800) 994-5454
- d. The fee for service was: \$
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22360(b).
- (3) ☒ registered California process server:
- (i) ☐ owner ☐ employee ☒ independent contractor.
- (ii) Registration No.: 4690
- (iii) County: LOS ANGELES

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: November 28, 2007

JORGE RIVERA

(NAME) PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL

(SIGNATURE)